



**synergy care**

INC.

*Rehabilitating People and Business*

February 7, 2011

Ashley Shelton, COTA

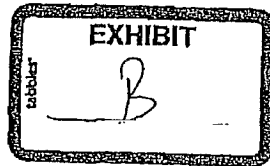
• Mrs. Shelton,

Due to multiple issues presented to Synergy Care by our customer, and at the request of our customer, Synergy Care has deemed it necessary to present you with this notice of termination, effective immediately.

Your accumulated PTO will be paid out on your final paycheck, and should you have any questions regarding insurance or other benefits, please contact Human Resources at (337) 310-8500. If I can be of any help during this transition, please let me know.

Sincerely,

**Michael Laudadio, MPT**  
*Area Rehab Manager*  
**Synergy Care, Inc.**  
*Office (830) 331-8550*  
*Fax (830) 331-8551*  
*Cell (337) 396-5656*  
[mlaudadio@synergycare.com](mailto:mlaudadio@synergycare.com)  
<http://www.synergycare.com>



**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY

☒ FEPA  
☒ EEOC

CHARGE NUMBER

450-2011-02098

**TEXAS WORKFORCE COMMISSION - CIVIL RIGHTS DIVISION**

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Ms. Ashley Shelton

HOME TELEPHONE (Include Area Code)

903.575.1336

STREET ADDRESS

59 CR 1333

CITY, STATE AND ZIP CODE

Mount Pleasant, TX 75455

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

Synergy Care, Inc.

NUMBER OF EMPLOYEES, MEMBERS

15+

TELEPHONE (Include Area Code)

830.331.8550

STREET ADDRESS

127 West Broad Street

CITY, STATE AND ZIP CODE

Lake Charles, LA 70601

COUNTY

Calcasieu

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ AGE  
☐ RETALIATION ☐ NATIONAL ORIGIN ☒ DISABILITY ☐ OTHER (Specify)

 DATE DISCRIMINATION TOOK PLACE  
 EARLIEST (ADE/AEPA) 01.19.11 LATEST (ALL) 02.07.11
☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I worked for Synergy Care, Inc. in Mount Pleasant, Titus County, Texas - specifically, at one of the company's customers called "Villa of Mount Pleasant," located at 1714 N. Edwards Avenue, Mount Pleasant, TX 75455.

I am pregnant. On January 19, 2011, my doctor, Melissa Slovak-Tucker, MD, placed me on bed rest indefinitely due to premature contractions. The company then placed me on FMLA leave. While I was still on FMLA leave, and while I was still pregnant, my employer fired me. My employer did this on February 7, 2011 when my supervisor, Michael Laudadio, transmitted an email with a termination letter attached. A copy of the termination letter is attached to this charge. Synergy replaced me with someone who was not pregnant. At this same time my employer fired a co-worker of mine, Ms. Katy Shipp. She was also pregnant, and the company knew she was pregnant. I believe Synergy replaced her with a male.

I believe that my pregnancy, as well as the medical complications from my pregnancy, were motivating factors in Synergy's decision to fire me. Accordingly, in addition to violating the FMLA, I believe that Synergy violated Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, and Chapter 21 of the Texas Labor Code.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedure.

I declare under penalty of perjury that the foregoing is true and correct.

2-18-11

Date

  
 Charging Party (Signature)


EEOC FORM 5 (10/94)

NOTARY - (When necessary for State and Local Requirements)

Mary Thompson

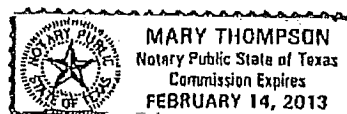
I swear and affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT



 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (Day, month, and year)

2-18-11





**synergy care**

INC.

*Rehabilitating People and Business*

February 7, 2011

Ashley Shelton, COTA

Mrs. Shelton,

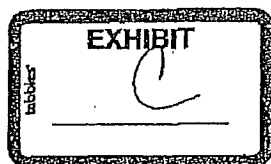
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Fax (830) 331-8551  
Cell (337) 396-5656  
mlaudadio@synergycare.com  
<http://www.synergycare.com>

RECEIVED  
2011 FEB 25 PM 4 13  
EQUAL EMPLOYMENT  
OPPORTUNITY COMMISSION  
DALLAS DISTRICT OFFICE



EEOC Form 161-B (11/09)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Ashley Shelton  
59 Cr 1333  
Mount Pleasant, TX 75455

From: Dallas District Office  
207 S. Houston St.  
3rd Floor  
Dallas, TX 75202

☐ On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

| EEOC Charge No. | EEOC Representative                  | Telephone No.  |
|-----------------|--------------------------------------|----------------|
| 450-2011-02098  | Cecil Warren,<br>Senior Investigator | (214) 253-2835 |

(See also the additional information enclosed with this form.)

## NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

- ☒ More than 180 days have passed since the filing of this charge.
- ☐ Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.
- ☒ The EEOC is terminating its processing of this charge.
- ☐ The EEOC will continue to process this charge.

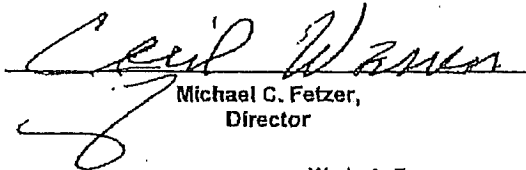
Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:

- ☐ The EEOC is closing your case. Therefore, your lawsuit under the ADEA must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice. Otherwise, your right to sue based on the above-numbered charge will be lost.
- ☐ The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

  
Michael C. Fetzer,  
Director

8/25/11  
(Date Mailed)

Enclosures(s)

cc: Andrea Billen  
Vice President of Operation  
SNYRGY CARE, INC.  
127 West Broad St.  
Lake Charles, LA 70601

Wade A. Forsman  
Attorney & Counselor at Law  
P.O. Box 918  
Sulphur Springs, TX 75483

## CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY):

35,914

COURT (FOR CLERK USE ONLY):

STYLED Ashley Shelton v. Synergy Care, Inc.

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case, or when a post-judgment motion for modification or enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Contact information for person completing case information sheet:  |  | Names of parties in case:  |  | Person or entity completing sheet is:  |  |
| Name: <u>Wade Forsman</u>   | Email: <u>forsman.law@verizon.net</u>  | Plaintiff(s)/Petitioner(s):<br><u>Ashley Shelton</u>   |  | <input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner<br><input type="checkbox"/> Pro Se Plaintiff/Petitioner<br><input type="checkbox"/> Title IV-D Agency<br><input type="checkbox"/> Other: _____   |  |
| Address: <u>P.O. Box 918</u>  | Telephone: <u>903.689.4144</u>   | Defendant(s)/Respondent(s):<br><u>Synergy Care, Inc.</u>   |  | Additional Parties in Child Support Case:  |  |
| City/State/Zip: <u>Sulphur Springs, TX 75483-0918</u>   | Fax: <u>903.689.7001</u>   |  |  | Custodial Parent:  |  |
| Signature: <u>Wade A. Forsman</u>   | State Bar No: <u>07264257</u>  |  |  | Non-Custodial Parent:  |  |
|   |  |  |  | Presumed Father:   |  |
| [Attach additional page as necessary to list all parties]   |  |  |  |  |  |
| 2. Indicate case type or identify the most important issue in the case (select only 1):   |  |  |  |  |  |
| Civil   |  |  | Family Law   |  |  |
| <input type="checkbox"/> Contract<br><input type="checkbox"/> Debt/Contract<br><input type="checkbox"/> Consumer/DTA<br><input type="checkbox"/> Debt/Contract<br><input type="checkbox"/> Fraud/Misrepresentation<br><input type="checkbox"/> Other Debt/Contract:<br><input type="checkbox"/> Force Majeure<br><input type="checkbox"/> Home Equity—Expedited<br><input type="checkbox"/> Other Foreclosure<br><input type="checkbox"/> Franchise<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> Landlord/Tenant<br><input type="checkbox"/> Non-Competition<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other Contract: | <input type="checkbox"/> Injury or Damage<br><input type="checkbox"/> Assault/Battery<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Defamation<br><input type="checkbox"/> Malpractice<br><input type="checkbox"/> Accounting<br><input type="checkbox"/> Legal<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Other Professional Liability<br><input type="checkbox"/> Motor Vehicle Accident<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Product Liability<br><input type="checkbox"/> Asbestos/Silica<br><input type="checkbox"/> Other Product Liability, List Product:<br><input type="checkbox"/> Other Injury or Damage: | <input type="checkbox"/> Real Property<br><input type="checkbox"/> Eminent Domain/Condemnation<br><input type="checkbox"/> Partition<br><input type="checkbox"/> Quiet Title<br><input type="checkbox"/> Trespass to Try Title<br><input type="checkbox"/> Other Property:<br><input type="checkbox"/> Related to Criminal Matters<br><input type="checkbox"/> Espionage<br><input type="checkbox"/> Judgment Nisi<br><input type="checkbox"/> Non-Disclosure<br><input type="checkbox"/> Seizure/Forfeiture<br><input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment<br><input type="checkbox"/> Other: | <input type="checkbox"/> Marriage Relationship<br><input type="checkbox"/> Annulment<br><input type="checkbox"/> Declare Marriage Void<br><input type="checkbox"/> Divorce<br><input type="checkbox"/> With Children<br><input type="checkbox"/> No Children<br><input type="checkbox"/> Other Family Law: | <input type="checkbox"/> Post-judgment Actions (non-Title IV-D)<br><input type="checkbox"/> Enforcement<br><input type="checkbox"/> Modification—Custody<br><input type="checkbox"/> Modification—Other<br><input type="checkbox"/> Title IV-D<br><input type="checkbox"/> Enforcement/Modification<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Reciprocity (UIFSA)<br><input type="checkbox"/> Support Order<br><input type="checkbox"/> Parent-Child Relationship<br><input type="checkbox"/> Enforce Foreign Judgment<br><input type="checkbox"/> Habeas Corpus<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Protective Order<br><input type="checkbox"/> Removal of Disabilities of Minority<br><input type="checkbox"/> Other: |  |
| <input type="checkbox"/> Employment<br><input type="checkbox"/> Discrimination<br><input type="checkbox"/> Retaliation<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Workers' Compensation<br><input type="checkbox"/> Other Employment:  | <input type="checkbox"/> Other Civil:<br><input type="checkbox"/> Administrative Appeal<br><input type="checkbox"/> Antitrust/Unfair Competition<br><input type="checkbox"/> Code Violations<br><input type="checkbox"/> Foreign Judgment<br><input type="checkbox"/> Intellectual Property<br><input type="checkbox"/> Lawyer Discipline<br><input type="checkbox"/> Perpetrate Testimony<br><input type="checkbox"/> Securities/Stock<br><input type="checkbox"/> Tortious Interference<br><input type="checkbox"/> Other:   |  |  |  |  |
| <input type="checkbox"/> Tax Appeals<br><input type="checkbox"/> Tax Delinquency<br><input type="checkbox"/> Other Tax:   | <input type="checkbox"/> Probate & Mental Health<br><input type="checkbox"/> Guardianship—Adult<br><input type="checkbox"/> Guardianship—Minor<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Other:  |  |  |  |  |
| 3. Indicate procedure or remedy, if applicable (may select more than 1):  |  |  |  |  |  |
| <input type="checkbox"/> Appeal from Municipal or Justice Court<br><input type="checkbox"/> Arbitration-related<br><input type="checkbox"/> Attachment<br><input type="checkbox"/> Bill of Review<br><input type="checkbox"/> Certiorari<br><input type="checkbox"/> Class Action   | <input type="checkbox"/> Declaratory Judgment<br><input type="checkbox"/> Garnishment<br><input type="checkbox"/> Interpleader<br><input type="checkbox"/> License<br><input type="checkbox"/> Mandamus<br><input type="checkbox"/> Post-judgment  | <input type="checkbox"/> Prejudgment Remedy<br><input type="checkbox"/> Protective Order<br><input type="checkbox"/> Receiver<br><input type="checkbox"/> Sequestration<br><input type="checkbox"/> Temporary Restraining Order/Injunction<br><input type="checkbox"/> Turnover  |  |  |  |

Misc. Docket No. 10- 9002

4 of 4

A TRUE COPY  
of the original hereof, I certify  
DEBRA ABSTON  
District Court Clerk  
Titus County, Texas

This 4th day of November 20 11  
By Debra Abston  
Deputy Clerk